

PREADOPTION BIRTH RECORD New Hampshire Department of State
Division of Vital Records Administration
29 Hazen Drive
Concord New Hampshire 03301

OFFICIAL USE ONLY: NUMBER
REQUESTED
ISSUED

APPLICATION FOR COPY OF NON-CERTIFIED PREADOPTION BIRTH RECORD
PLEASE PRINT

Name of
Applicant
After Adoption: _____
(FIRST NAME) (MIDDLE NAME) (LAST NAME)

Date
of Birth: _____ Place
(MONTH) (DAY) (YEAR) of Birth: _____
(CITY/TOWN)

Adoptive Father's
Name: _____
(FIRST) (LAST)

Adoptive Mother's
Maiden Name: _____
(FIRST) (LAST)

PURPOSE FOR WHICH BIRTH RECORD IS REQUESTED:

YOUR
SIGNATURE: _____ YOUR RELATIONSHIP
TO APPLICANT: _____

THE LAW FOR THE SEARCH OF THE FILE REQUIRES A FEE OF TWELVE DOLLARS FOR ANY ONE RECORD. IF WE FIND THAT RECORD AND YOU MEET NEW HAMPSHIRE'S ACCESS REQUIRMENTS, YOU WILL BE ISSUED ONE NON-CERTIFIED COPY OF THAT CERTIFICATE ALONG WITH THE CONTACT PREFERENCE FORM AND MEDICAL HISTORY, IF AVAILABLE.

Number of Non-certified copies requested (please enter quantity):

Long Form: _____ (First copy issued at \$12; each additional copy will be issued for \$8)

The Preadoption Birth Record(s) will be mailed to the following address:

PLEASE PRINT

Name
Of Applicant: _____
(FIRST) (MIDDLE) (LAST)

Address
Of Applicant: _____
(STREET) (CITY/TOWN) (STATE) (ZIP CODE)

Applicant Daytime
Phone No.: _____
(AREA CODE & NUMBER)

NOTICE: Any person shall be guilty of a CLASS B Felony if he/she willfully and knowingly makes any false statement in an application for a certified copy of a vital record.
(RSA 5-C:14)